

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/

10/560264

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↖	↖	↖	
TOTAL CLAIMS			10	11	12	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↖	↖	↖	
TOTAL CLAIMS			10	11	12	

BEST AVAILABLE COPY